It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9/3/6,897

Total Fee Calculation

		1011111	Carcura	111011				
	Fee Code	Total # Claims	Number Extra	x	Fce	Fcc	=	Total
	SmÆg.				Sm. Entity	Lg. Entity	,	
Busic Filing Fee	201/101					160	=	260
Total Claims >20	203/103	47 -20 =	27	x		486	=	486
[adependent Claims >3	202/102	<u>3</u> -3 =	•	x		 _	=	
Mult Dep Claim Present	204/10-4						=	
Surcharge	205/105					130	=	130
English Translation	139						•	
TOTAL FEE CALCUL	NOTTA							13.76
Fees due upon filing t	he application:							
Total Filing Fees Due	= 2	137	6.00	_			,	
Less Filing Fees Suba	uitted - S	-			:			
BALANCE DUE	= \$		376,0	2				
		tes						

Office of Initial Patent Examination

Best Available Copy

FORM OPE-RAM-01 (Rev. 12/97)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

Elicotive Hovelines To, 1000													
CLAIMS AS FILED - PA (Column 1)					PA	RT I (Column 2)			MALL TYPE	ENTITY	OR	OTHER SMALL	
FC)R		NUMBE	R FILED		NUMBER	EXTRA		RATE	FEE] [RATE	FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS 40			minus 2		* 2°	1	,	X\$ 9=		OR	X\$18=	486	
INDEPENDENT CLAIMS 3 =				*			X39=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT								-130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	OTAL		OR	TOTAL	1246	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							s	SMALL ENTITY OF			OTHER THAN R SMALL ENTITY		
AMENDMENT A		CL REM Al	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*		Minus	**		=	>	(\$ 9=		OR	X\$18=	
AME	Independent	*	N 05 M	Minus	***		=	, [;	K39 =		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								T	130=		OR	+260=	
								ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Col	umn 1)		(0	Column 2)	(Column 3)	ADL)II. I EE				
AMENDMENT B		REM Al	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*		Minus	**		=	\	(\$ 9=		OR	X\$18=	. :
AME	Independent FIRST PRESE	*	OF M	Minus	**		=	>	(39=		OR	X78=	
	FIRST PRESE	INTAIR	JN OF MIC	SLIPLE DEF	CINL	DENT CLAIM		+	130=		OR	+260=	
								ADD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
			umn 1)			Column 2)	(Column 3)						
AMENDMENT C		REM Af	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*		Minus	**		=	×	(\$ 9=		OR	X\$18=	
AME	Independent	*	NOT M	Minus	***		=	×	(39=		OR	X78=	
	FIRST PRESE	NIAIR	OF ML	LIIPLE DEF	ENL	JENI CLAIM		+	130=		OR	+260=	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							L	TOTAL			TOTAL		

OR

ADDIT. FEE